

Entered 5-27-00 - sb **00-R-1025**  
CL 99L0332- GWENDOLYN BURNS

CLAIM OF: **JEANETTE WERTZBERGER**  
218 Heritage Circle  
McDonough, Georgia 30253

For damages alleged to have been sustained  
as a result of a vehicular incident on April  
20, 1999 at East Andrews & Paces Ferry  
Road, NE.

THIS ADVERSED REPORT IS  
APPROVED

BY: *Rosalind Rubens Newell*  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

CONSENT AFFIRMED

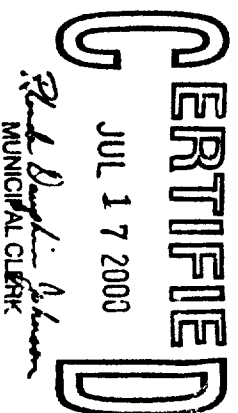
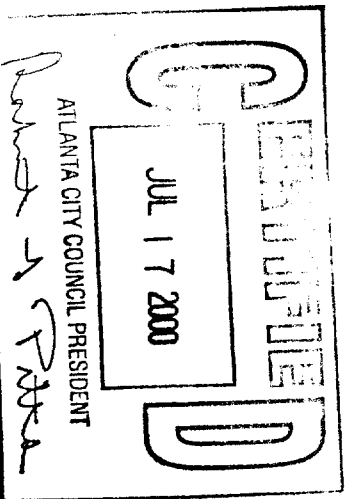
ADVERSED BY  
CITY COUNCIL JUL 17 2000

ADVERSED REPORT

cc: P.S. & L.A.

7/11/00

*E.T. M. City*  
*Jeannette Wertzberger*  
*Henry L. Wertzberger*





## OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC  
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.  
SECOND FLOOR, EAST  
SUITE 2700  
ATLANTA, GEORGIA 30335  
(404) 330-6033  
FAX (404) 658-6103

July 28, 2000

Jeanette Wertzberger  
218 Heritage Circle  
McDonough, GA 30253

00-R-1025

Dear Ms. Wertzberger:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on July 17, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400.**

Sincerely,

Rhonda Dauphin Johnson, CMC  
Municipal Clerk

cc: Claims Division/Law Department

**DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. 99L0332

Date: June 28, 2000

Claimant /Victim JEANETTE WERTZBERGER  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 218 Heritage Circle, McDonough, Georgia 30253  
Subrogation: \_\_\_\_\_ Claim for property damages \$ 509.70 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 5/17/99 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 4/20/99 Place: E. Andrews & Paces Ferry Place, NE  
Department PUBLIC WORKS Division Sewer Operations  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleges that she sustained vehicular damage when she drove over a defective sanitary sewer cover. However, an investigation determined that the City did not have any record of any complaints or problems occurring at this location.

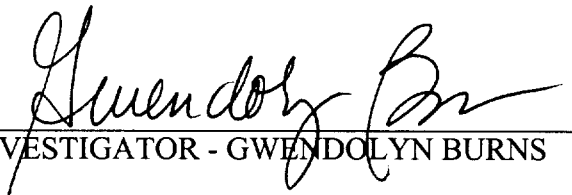
**INVESTIGATION:**

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other X  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

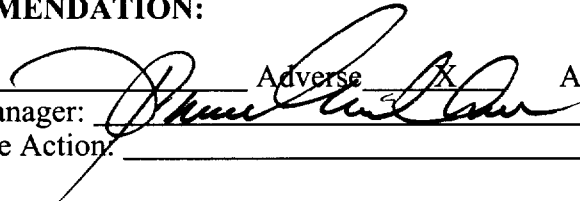
**BASIS OF RECOMMENDATION:**

Function: Governmental \_\_\_\_\_ Ministerial X  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
\_\_\_\_\_  
INVESTIGATOR - GWENDOLYN BURNS

**RECOMMENDATION:**

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 06-29-00  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 5-11-99

MAY 17 1999

05-17-99P07:18 RCVD

Dear Municipal Clerk:

ENTERED - 5-27-99 - SB

99L0332 - MIKE REEVES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 509.70 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 4-20-99 2. Time of Incident: 3:30pm 3. Police called: \_\_\_\_\_  
(month/day/year) Yes No

4. Location of incident (including street address): corner of E. Andrews & Paces Ferry Pl

5. Name of your insurance company: Geico Policy No. 16649951

6. State what and how incident occurred: corner has sewer lid exposed because of broken cement around it. Edge of lid ruined wheel & tire gouged big hole in tire ruined Rim.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Mazda 89 868LYN Jeannette Wertzberger  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Jeannette Wertzberger  
Signature of Claimant

Jeannette Wertzberger  
(Print Claimant's Name)

218 Heritage Cir  
Address

McDonough Ga 30253  
(City, State and Zip Code)

404-2649074 770 9570858  
(Work Number) (Home Number)

00- R-1025